

Third Party Funding Webb County, Texas

Application Guide

THE TEXAS CONSTITUTION PROHIBITS A COUNTY FROM MAKING A GIFT OF MONEY OR PROPERTY TO ANY PERSON OR ORGANIZATION. A COUNTY MAY, HOWEVER, CONTRACT WITH A PERSON OR ORGANIZATION TO PROVIDE SERVICES THAT PROVIDE A PUBLIC PURPOSE TO THE COMMUNITY. THE DETERMINATION THAT A SERVICE IS A PUBLIC PURPOSE; AND THE DECISION TO PROVIDE FINANCIAL ASSISTANCE TO AN ORGANIZATION'S MISSION TO THE COMMUNITY, IS EXCLUSIVELY THE DECISION OF THE COMMISSIONERS COURT. THERE IS NO ENTITLEMENT TO COUNTY FUNDS BY ANY ORGANIZATION.

THE APPLICATION PROCESS IS INTENDED TO PROVIDE FOR AN OBJECTIVE DETERMINATION OF PUBLIC FUNDING FOR APPROPRIATE COMMUNITY NEEDS.

Eligibility

Any organization applying for funds must have:

1. Tax exempt status under IRS Section 501 (c)(3); or
2. A Charter from the Secretary of State; or
3. A resolution from its Board of Directors or Governing Body defining its status.
4. An accounting system that is in accordance with generally accepted accounting principles (GAAP).
5. Been in operation (providing services) for at least one year

Application Deadline is MAY 23, 2014 at 5:00 p.m.
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All applications must be submitted in duplicate (two originals) by mail or personally delivered to:

**Marco A. Montemayor
Webb County Attorney
1110 Washington St. Ste. 301
Laredo, Texas 78040**

All applications not received by the deadline will not be accepted and will result in no allocation of funds to the organization. All applications submitted must be complete. The County Attorney's office shall determine the completeness of the application and notify the applicant organization if the application is incomplete by issuing a "Notice of an incomplete application". Any application which has not been completed within seven (7) calendar days of the Chief of Staff "Notice of an incomplete application" shall be rejected for the 2014/2015 funding cycle. Any organization that fails to collect the allocated funds within six (6) months from the date the award letter is mailed forfeits the allocated funds for that funding cycle.

NOTE: WEBB COUNTY HAS FUNDED SERVICES PROVIDED BY NON-PROFIT GROUPS AND ORGANIZATIONS THAT ARE NOT RECOGNIZED AS IRS §501(C)(3) NON-PROFIT CORPORATIONS.

Application Instructions

Section 1 **Applicant Information Form**

Fill out the Applicant Information as completely as possible. **Do not leave any blanks.** Any spaces which are not applicable to your organization should be filled in with "N/A".

Fill in the Resolution certifying the tax status, type of entity, and designating your organizations authorized signatory for purposes of the County's Third Party Funding.

Section 2 **Historical Narrative**

The Historical Narrative is intended to give the reader a synopsis of the mission and history of your organization. First impressions are important - and this section is the first that the reader will see. Some questions to answer are:

- a. Why was the organization founded and by whom?
- b. What are some of the organizations major local accomplishments?
- c. What challenges has the organization overcome?
- d. How has the organization grown and evolved?
- e. What is the number and composition of the organizations membership?

Section 3 **Programs/Services Provided**

This section requires detailed description of each of your organization's programs. In the first column, write the name or title of the program. In the second column, describe the program in as much detail as possible. The description should include:

- a. Who the program serves

- b. What services it provides
- c. When the service is available
- d. Where the service is provided

These questions must be answered for **each** of the organization's programs.

Section 4 Goals and Objectives

Each program that is described in the previous section should have specific goals and objectives attached to it. These goals and objectives must be specific and measurable. Do not restate the program description as a goal. For example, if the program description is "provide counseling services to troubled youth", the goal of the program could be to expand number of youth served, or to expand the number or quality of the services. The objective would then be a measurable outcome of the goal. For example, "expand the number of youth served by 20%" or "provide career counseling to youth currently served".

Please make sure that:

- a. The goals and objectives are related to the mission of the organization.
- b. The goals and objectives are clear and focused.
- c. Workload measures are included.

Workload Measures

A workload measure is a way for your organization to quantify the work that it does. This type of measure is very simple and basic. Some examples of workload measures could be:

- a. How many clients did your organization serve?
- b. How many pounds of food did you distribute?
- c. How many phone calls did your crisis line handle?
- d. How many people attended your events?
- e. How many seminars did you host?
- f. How many persons have been trained?

Your organization will be required to report quarterly results for the workload measures that you choose. Most organizations have various workload measures that they use to analyze their activities. It is highly recommended that you list multiple workload measures.

Section 5 Fee Schedule

For each of your programs, list fees that are charged to clients.

Section 6
Board of Directors/Governing Board Roster

Please list all of the members of your board of directors/governing board on this sheet. Please include their tenure as a board member, their business affiliation, and their position on the board. (President, Secretary, Treasurer, etc.)

Section 7
Staff Roster

Please list your entire staff, including volunteers. List the position title, job description and number of employees for that position. Also, list any special skills or exceptional qualifications that any of your staff may have.

Section 8
Agency Budget Description

Revenues

Please separate your organization's revenues by source and list the actual revenues for the 2013/2014 budget, and the estimated revenues for the 2014/2015 budget. Use the categories provided in the application.

Expenditures

Please separate your organization's expenditures by source and list the actual expenditures for the 2013/2014 budget, and the estimated expenditures for the 2014/2015 budget. Use the categories provided in the application. Also, list the type and amount of expenditures that the County will be founding if the grant is approved.

Application requesting Third Party Funding
Submitted By

Application Deadline is May 23, 2014 at 5:00 p.m.

Application Deadline is May 23, 2014 at 5:00 p.m.

Section 1 Applicant Information

Name of Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Website Address: _____ E-Mail: _____

State Tax Exempt #: _____ Employer ID #: _____

Board Chair or President _____

Executive Director: _____

Alternate Contact Person: _____ Phone: _____

Source of Funding Requested

General Fund:

_____ Health and Welfare
_____ Economic Development
_____ Education
_____ Environment

or

Hotel/Motel Fund:

_____ Historical
_____ Arts
_____ Tourism and Promotion

Amount of Grant Funds Requested: _____

How many consecutive years has your organization received Webb County funds? _____

“To the best of my knowledge and belief, all information in this application is true and correct. The submission of this application has been duly approved by the Governing Body of the organization, and the organization will comply with all contract requirements. I understand that the signing of this application does not constitute an award of funds. The final award of funds will be authorized and appropriated by the Webb County Commissioners Court 2014-2015 Annual Fiscal Budget.”

Signature of Authorized Representative

Title

Typed Name of Authorized Representative
Application for Third Party Funding

Date

Webb County
FY 2014-2015

**Resolution
Of**

This Resolution is executed by _____,
hereafter referred to as "Organization".

The undersigned certifies to be the duly appointed Secretary of the Organization and further certifies:

(1).

- ☐ The Organization **is tax exempt** under Internal Revenue Service Code Section 501. Proof of tax exempt status from the Internal Revenue Service is provided as attachment 1.
- ☐ The Organization **is not tax exempt** under Internal Revenue Service Code Section 501 and is not a non-profit corporation.
- ☐ The Organization is duly organized and existing under the laws of the State of Texas as a **non-profit corporation** as described in the following documents:
- A. Organization's Article of Incorporation
 - B. Organization's Constitution and/or By-laws
 - C. Organization's Charter from the Secretary of State
 - D. Organization's Purchasing Policies Procedures
- ☐ The Organization is duly organized and existing under the laws of the State of Texas as a **for-profit corporation** as described in the following documents:
- A. Organization's Article of Incorporation
 - B. Organization's Constitution and/or By-laws
 - C. Organization's Charter from the Secretary of State
 - D. Organization's Purchasing Policies Procedures
- ☐ A non-profit organization, **which has not been incorporated** under the laws of the State of Texas and **which does not have IRS §501 status.**

(2). At a meeting of the Organization's governing body held on _____, 2014, at which a quorum was present and acting throughout, the following resolution was duly adopted, has not been amended and is in full force and effect the date hereof:

RESOLVED, that the ☐ President ☐ Executive Director ☐ Other: _____
of the Organization, now appointed or hereafter appointed, shall be, and hereby is, authorized to

enter into and execute in the name of and on behalf of the Organization all agreements, contracts, applications for funding, instruments and documents in connection with Webb County's Third Party Funding.

- (3). The office listed below is held by the person whose name is indicated opposite such office, such person has been duly elected/appointed to such office, and the signature opposite his or her name is his or her authentic signature.

NAME

TITLE

SIGNATURE

- (4). The Organization will notify Webb County of any changes to its Organizational Status within 30 days of such change and submit a revised Organizational Status Certification.

All notices required to be given under this certification shall be mailed or personally delivered as follows:

Webb County, Texas
Marco A. Montemayor, Webb County Attorney
1110 Washington St. Ste. 301
Laredo, Texas 78040

IN WITNESS WHEREOF, I have hereunto set my hand of this _____ day of _____, 2014.

Secretary

Section 2

Historical Narrative

In this section the organization should set forth a synopsis of the organization's mission and history. Each organization applying for county funding should generally describe when and by whom the organization was founded; why the organization was founded; the focus of the organizations activities and some of the organization's local accomplishments.

[illegible]

Section 3

Programs/Services Provided

THE TEXAS CONSTITUTION PROHIBITS A COUNTY FROM MAKING A GIFT OF MONEY OR PROPERTY TO ANY PERSON OR ORGANIZATION. A COUNTY MAY, HOWEVER, CONTRACT WITH A PERSON OR ORGANIZATION TO PROVIDE SERVICES THAT PROVIDE A PUBLIC PURPOSE TO THE COMMUNITY. THE DETERMINATION THAT A SERVICE IS A PUBLIC PURPOSE; AND THE DECISION TO PROVIDE FINANCIAL ASSISTANCE TO AN ORGANIZATION'S MISSION TO THE COMMUNITY, IS EXCLUSIVELY THE DECISION OF THE COMMISSIONERS COURT. THERE IS NO ENTITLEMENT TO COUNTY FUNDS BY ANY ORGANIZATION.

This section sets forth a detailed description of the program for which funding is being requested. In the first column write the name or title of the program. In the second column describe the services which the program is to provide. ***Be as specific as possible in setting out the deliverable or scope of services to be provided as this “Description of Services to be Provided” will, if grant funds are awarded, form the basis of the description of services to be delivered by the organization in the funding contract with the County.***

Program Name

Description of Services to be Provided

[illegible]

(*Note – If additional space is required make copies of this page and attach them at the end of this Section 3.)

Section 4
Goals and Objectives

Program	Goal	Objective

Program	Goal	Objective

Program	Goal	Objective

Program	Goal	Objective

Section 4 cont'd
Workload Measures:

Description	Measure

Description	Measure

Description	Measure

(**Note – If additional space is required make copies of this page and attach them at the end of this Section 4.)

Section 5

Fee Schedule

For each service provided identify the type of service provided, the target or client group and the charge for that service.

[illegible]

(**Note – If additional space is required make copies of this page and attach them at the end of this Section 5.)

Section 6

Board of Directors/Governing Board Roster

List all of the members of your Board of Directors/Governing Board. Include their position on the Board (president, secretary, treasurer, etc.), their term of office, and business affiliation (doctor, lawyer, businessman, banker, law enforcement, city, county, federal etc.).

Title of Officer/Director	Name	Term of Office	Business Affiliation

Section 7

Staff Roster

List the position/title, job description and total number of employees and indicate whether each staff member is a paid employee or volunteer.

[illegible]

Section 7, Staff Roster (cont'd)

Position/Title	Name	Salaried or Volunteer	Job Description

Position/Title	Name	Salaried or Volunteer	Job Description

(**Note - Make additional copies of this page as necessary and attach them at the end of this Section 7.)

Section 8
Agency Budget Description

Revenues

Source	2013/2014	2014/2015 (Estimated)
Webb County		
City of Laredo		
State		
Federal		
United Way		
Foundation Grants		
Donations		
Fundraisers		
Fees and Dues		
Sale of Merchandise		
Investment Income		
Other:		
Other:		
Other:		
Other:		
Other:		
Other:		
Other:		
Other:		
Other:		
Other:		
Other:		
Total Revenues		

Webb County Funding As A _____ %
 Percentage of Total Agency Budget

Agency's Fiscal Year _____ TO _____
 (Month/Yr.) (Month/Yr.)

Section 8 cont'd
Agency Budget Description

Expenditures

Source	2013/2014 (Actual)	2014/2015 (Estimated)	To be funded by Webb County
Salaries			
Payroll Taxes			
Employee Benefits			
Professional Fees			
Supplies			
Telephone			
Postage and Shipping			
Occupancy			
Rental and Maintenance of Equipment			
Printing and Publications			
Travel			
Conferences and Conventions			
Direct Assistance to Individuals			
Membership Dues			
Awards and Grants			
Major Property and Equipment Purchase			
Miscellaneous			
Other:			
Other:			
Other:			
Other:			
Other:			
Other:			
Other:			
Other:			
Other:			
Other:			
Other:			
Total Expenditures:			

Attachment Checklist

Please remember to include the following attachments:

- _____ Annual Audit, Review, or Financial Statement
- _____ Annual Report
- _____ Approved minutes from the most recent board meeting
- _____ IRS 501 (c) (3)
- _____ IRS Form 990
- _____ A resolution from the Board of Directors or Governing Body detailing the organization's non-profit status and authorized signatory for County Third Party Funding Application and contract.
- _____ Articles of Incorporation
- _____ Constitution and/or Bylaws
- _____ Charter from Secretary of State (Texas);
- _____ Purchasing Policies and Procedures
- _____ Certificate of Liability Insurance